ONE-TIME DEDUCTION WORKSHEET

STATE OF NORTH DAKOTA

SFN 13092 (03-2003)

Pay Group:	Bus. Unit/Set ID Number:	Dept. #:	Prepared By:	Date:

Employee ID Number

Employee Name:

PLAN TYPE

BENEFIT PLAN

DEDUCTION CODE

☐ Addition   ☐ Override

Flat/Additional Amount $ _____

Employee ID Number

Employee Name:

PLAN TYPE

BENEFIT PLAN

DEDUCTION CODE

☐ Addition   ☐ Override

Flat/Additional Amount $ _____

Employee ID Number

Employee Name:

PLAN TYPE

BENEFIT PLAN

DEDUCTION CODE

☐ Addition   ☐ Override

Flat/Additional Amount $ _____

Employee ID Number

Employee Name:

PLAN TYPE

BENEFIT PLAN

DEDUCTION CODE

☐ Addition   ☐ Override

Flat/Additional Amount $ _____

REFER TO MANUAL FOR CODING.